# Insured EFT Authorization Form

Eliminate the hassle and expense of making your West Bend insurance payments! Use our Electronic Funds Transfer (EFT) Program. Here's how:

1. Upon your approval, we'll divide your annual premium into equal monthly installments and withdraw that amount directly from your designated bank account each month. Withdrawals will be made the same day of the month as your policy effective date.
2. A schedule of withdrawals will be sent with your policy and with all subsequent premium changes.
3. The EFT program is a fast, easy way to make your West Bend premium payments. To begin using the EFT program, simply complete this authorization form, enclose a voided check, and return it to our office. A $1.00 service charge per installment will be applied.

**YES!**
**Sign me up for Electronic Funds Transfer.**

To begin using the EFT program, complete this authorization and bank account information below and return to our office (fax numbers shown below).

- ☐ New Application*
- ☐ Existing Customer
- ☐ Change Bank Information

ACCTG- Personal Lines Fax: ..... **262-338-5126**
ACCTG- Commercial Lines Fax:..... **262-335-7007**
ACCTG- Phone:..... **800-236-5002**

## APPLICANT INFORMATION

Customer Number/Policy Number _____ Effective Date of Policy _____

Name of Applicant _____

Agency _____

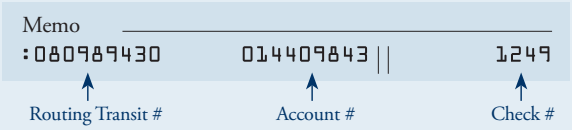
Name of Bank _____

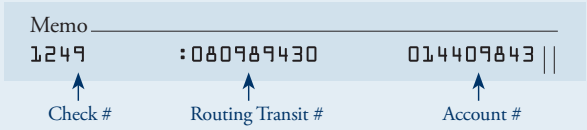
Bank's Phone Number ( _____ ) _____

Type of Bank Account ☐ Checking ☐ Savings ☐ Money Market

Bank Transit Routing Number _____ Bank Account Number _____

**Examples of where to find your Transit Routing and Account numbers:**




***** INCLUDE A VOIDED BLANK CHECK*****

The bank transit routing number and account number are found at the bottom of the check.
Do not use the numbers found on the deposit slip as they may not be the same.

**Please read the following and authorize West Bend Mutual Insurance Company to enroll you in the EFT Program.**

☐ I would like to take advantage of the EFT Program. I understand monthly payments will be withdrawn from my account on the same day of the month as my policy effective date. Withdrawals that cannot be made could result in the recall of my EFT privilege. Items returned by the bank as unpaid will generate a $25.00 fee.

SIGNED _____ DATE _____
Authorized signature

IMPORTANT: An automatic withdrawal transaction between the bank and West Bend Mutual Insurance Company begins **20 days before the withdrawal date.** A withdrawal amount cannot be changed once the transaction has begun. Any endorsements processed during this time will reflect on future withdrawals only.

**Notice of at least four business days must be given to cancel a scheduled withdrawal. To stop a transaction in less than four business days, the insured must contact the financial institution.**

*Refer to agent's manual for down payment requirements.

WEST BEND MUTUAL INSURANCE COMPANY
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